

## **Suggestions Syllabus for FACRSI Examination**

1. Basic science: Infection, Wound healing, Shock,

1.1 Anatomy (colon, rectum, anus)

1.2 Embryology (colon, rectum, anus) & Pediatric ano rectal malformations

1.3 Physiology (small bowel, colon, rectum, anus)

1.3.1 Fluid electrolyte absorption, secretion

1.3.2 Digestion

1.3.3 Motility and storage

1.3.4 Continence mechanism

1.3.5 Defecation

1.3.6 Setting Up a Colorectal Physiology Laboratory & Imaging: Manometry, Transit Study, Nerve conduction, USG, MRI

1.4 Immunology

1.4.1 Tumor cell markers

1.4.2 Immunosuppression

1.4.3 Colorectal pathologies in the Immunopuppressed

1.5 Molecular biology

1.5.1 Carcinogenesis

1.5.2 Inflammatory bowel disease

2. Preop/postop patient care

2.1. Evaluation and Diagnostic techniques in Coloproctology

2.2 Prophylaxis (cardiac, venous thromboembolism, surgical site infection)

2.3 Bowel preparation

2.4 Endoscopy in Coloproctology: Diagnostic & Therapeutic

2.5 Pharmacology

2.5.1 Antibiotics

2.5.2 Local anesthetics

2.5.3 Conscious sedation

2.5.4 Pain control (epidural, patient controlled analgesia)

2.5.5 Ileus

2.5.6 Other (NSAIDs, Steroids)

2.5.6.Laxatives in Coloproctology

2.6 Complications (general)

2.6.3 Anastomotic leak, abscess, fistula

2.6.4 Bowel obstruction

2.6.6 Urinary complications (ureter and bladder injury)

2.6.7 Intraoperative complications (hypotension, hypoventilation, bleeding)

2.8 Ostomy

2.8.1 Construction

2.8.2 Complications (skin, prolapse/hernia, retraction)

2.8.3 Continent (Koch)

3. Anorectal

3.1 Hemorrhoids

3.1.1 Etiology, pathogenesis

3.1.2 Nonoperative treatment (banding, sclerotherapy, infrared)

3.1.3 Operative treatment and complications (hemorrhoidectomy, PPH)

3.1.4 Special situations (pregnancy, varices, IBD, leukemia)

3.2 Fissure/Stenosis

3.2.1 Etiology, pathogenesis

3.2.2 Nonoperative treatment

3.2.3 Operative treatment (acute, chronic)

3.2.4 Special situations (IBD, Hematologic, suppurative)

3.3 Abscess/fistula

3.3.1 Perianal/ischiorectal

3.3.2 Fistula-in-ano (simple, complex)

3.3.3 Rectovaginal fistula

3.3.4 Rectourethral fistula

3.3.5 Fournier's gangrene

3.4 Pilonidal Sinus

3.4.1 Hidradenitis

3.4.2 Pruritus ani

3.5 Sexually transmitted disease

3.5.1 Bacterial (Chlamydia, T. Pallidum, N. gonorrhoea)

3.5.2 Viral (HPV, HIV, LGV, HSV)

3.5.3 Parasitic

3.6 Fecal incontinence

3.6.1 Investigation (anorectal physiology)

3.6.2 Treatment

3.7 Pelvic floor abnormalities

3.7.1 Prolapse, Solitary rectal ulcer

3.7.2 Rectocele, enterocele

3.7.3 Levator ani syndrome

3.7.4 Obstructed defecation

3.8 Anorectal trauma / Foreign body

3.9 Coloproctology & Dermatology: Skin conditions

4. Neoplasms – Colon, Rectum, Anus and Small Bowel

4.1 Colon cancer

4.1.1 Incidence, etiology, epidemiology

4.1.2 Screening

4.1.3 Diagnosis/staging

4.1.4 Surgical treatment

4.1.5 Adjuvant therapy (Chemotherapy, etc)

4.1.6 Complications

4.1.7 Surveillance

4.1.8 Locally advanced cancer

4.2 Rectal cancer

4.2.1 Diagnosis/staging

4.2.2 Surgical treatment

4.2.3 Adjuvant therapy (radiotherapy, chemotherapy)

4.2.4 Complications

4.2.5 Locally advanced and recurrent

4.2.6 Outcomes of therapy

4.3 Metastatic colorectal cancer

4.3.1 Liver and lung resection

4.3.2 Palliative therapy

4.4 Hereditary Polyps / Colorectal cancer / Genetic testing

4.4.1 FAP/MYH

4.4.2 Lynch Syndrome/HNPCC

4.4.3 Peutz-Jeghers

4.4.4 Other

4.5 Colonoscopy

4.5.1 Polyps

4.5.2 Diagnostic and Therapeutic

4.5.3 Bowel prep

4.5.4 Complications

4.6 Anal neoplasms

4.6.1 Anal intraepithelial neoplasia (AIN)

4.6.2 Epidermoid carcinoma

4.6.3 Melanoma

4.6.4 Adenocarcinoma in situ (Paget's)

4.7 Presacral tumors

4.7.1 Benign (cysts, meningoceles)

4.7.2 Malignant (chordoma, teratomas)

4.8 Desmoid

4.9 Other neoplasms, including small bowel

4.9.1 Gastrointestinal stromal tumor (GIST), leiomyomas

4.9.2 Lymphoma

4.9.3 Carcinoid

4.9.4 Misc. neoplasia

5. Colon/Rectal/Small Bowel : IBD.....Non-neoplastic

5.1 Crohn's disease

5.1.1 Epidemiology, etiology, pathology

5.1.2 Medical management

5.1.3 Surgical management

5.1.4 Anal Crohn's

5.1.5 Other (duodenal, esophageal)

5.1.6 Extraintestinal manifestations

5.2 Ulcerative colitis

5.2.1 Epidemiology, etiology, pathology

5.2.2 Medical management

5.2.3 Surgical management: general

5.2.4 Surgical management: ileal-pouch anal anastomosis

5.2.5 Surveillance, cancer risk

5.2.6 Extraintestinal manifestations

5.2.7 Pouchitis

### 5.2.8 Indeterminate colitis

## 5.3 Other Colitis:

5.3.1 Infectious (Shigella, amoeba, E. Coli 0157, C. difficile, CMV, Salmonella, typhus, TB, Campylobacter, Yersinia)

5.3.2 Ischemic

5.3.3 Radiation (colitis, proctitis and enteritis)

5.3.4 Neutropenic

5.3.5 Misc (collagenous, microscopic, diversion, lymphocytic)

## 5.4 Diverticular disease

5.4.1 Diverticulitis, uncomplicated (resection, age)

5.4.2 Diverticulitis, complicated (perforation, abscess, fistula)

5.4.3 Diverticulosis

## 5.5 Obstruction

5.5.1 Mechanical (intussusception, volvulus)

5.5.2 Colonic pseudo-obstruction (Ogilvie's syndrome)

## 5.6 Endometriosis and colon

## 5.7 Lower GI bleeding

5.7.1 Diagnosis

5.7.2 Treatment

## 5.8 Mesentery

5.8.1 Mass

5.8.2 Vascular disease

## 5.9 Appendiceal disease

5.9.1 Appendicitis

5.9.2 Appendiceal malignancy

## 5.10 Colonic inertia

## 5.11 Trauma: Abdominal and Perineal trauma

5.12 Pediatric (Hirschsprung's, anorectal malformations)

5.13 Enteric fistulae

5.14 Ostomy

5.14.1 Construction

5.14.2 Complications (skin, prolapse, hernia, retraction)

5.14.3 Continent stoma (Koch pouch)

6. Medicolegal aspect of Colorectal diseases